

## MINNESOTA BOARD OF CHIROPRACTIC EXAMINERS NAME AND/OR ADDRESS CHANGE FORM

If you have changed your name or address, you must inform the Board in writing within 30 days of the change per MN Rule 2500.1105. **ALL** information provided on this form is **public information** as required by statute and rule.

**Name changes** require a certified copy of a certificate of marriage or court order authorizing the name change and must be attached. Failure to notify the Board may create difficulties in receipt of renewal forms and other important notices and may potentially be considered unprofessional conducts as a violation of the Practice Act.

### New/Current Information

Name (first, middle, last, other)

**New** Street Address (include clinic name if applicable)

City

State

Zip

County

Country

( )

E-mail address

Fax Number (with area code)

Optional mailing list your name should appear on (Choose: Corporation, Extern, Newsletter or Rules)

( )

MN License/Registration Number

Phone Number (with area code)

Other License/Registration Number(s) Phone Number(s) (Please include area code)

**Signature (Required)**

**Effective Date (Required)**

**Signature of Notary (Required)**

(SEAL)

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\* \* \* \* \*

### Old / Out-of-Date Information

**Former** Name (first, middle, last, other)

**Former** Street Address (if applicable):

City

State

Zip

County

Country

( )

Public Phone Number (with area code)

**PLEASE RETURN THIS FORM TO:**

**Minnesota Board of Chiropractic Examiners  
2829 University Avenue SE, Suite 300  
Minneapolis, MN 55414-3220**